

February 25, 2009

Montana Healthcare Programs Notice

Physicians, Mid-Level Practitioners, Public Health Clinics, FQHCs, RHCs, Hospital Inpatient and Outpatient, and Indian Health Services Providers

Vaccines for Children (VFC) Effective as of October 10, 2008

The U.S. Food and Drug Administration approved the following vaccines, which became VFC vaccines as of October 10, 2008:

90681 - Rotarix
90696 - Kinrix
90698 - Pentacel

Due to the delay in system changes, there will be a mass adjustment done to process administration fees that were denied for the new vaccines.

The vaccines provided by Vaccines for Children (VFC), a program for clients ages 0-18, as of October 10, 2008, and after are:

90633 - Hepatitis A vaccine, pediatric/adolescent dosage (2 dose schedule)
90645 - Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule)
90647 - Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule)
90648 - Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule)
90649 - Human papilloma virus (hpv) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90655 - Influenza virus vaccine, split virus, preservative free, for children 6-35 months
90656 - Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use
90657 - Influenza virus vaccine, split virus, for children 6-35 months
90658 - Influenza virus vaccine, split virus, for individuals 3 years and above
90660 - Influenza virus vaccine, live, for intranasal use
90669 - Pneumococcal conjugate vaccine, polyvalent, for children under 5 years
90680 - Rotavirus vaccine, pentavalent, 3 dose schedule, live for oral use (RotaTeq)
90681 - Rotavirus vaccine, Human, attenuated, 2 dose schedule, live for oral use (Rotarix)
90696 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, and poliovirus vaccine, inactivated (DTap-IPV), children ages 4 years through 6 years of age, (Kinrix)
90698 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza type b, and poliovirus vaccine, inactivate, for children prior to fifth birthday, (Pentacel)
90700 - Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for individuals younger than 7 years

90707 - Measles, mumps and rubella virus vaccine (MMR), live
 90710 - Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
 90713 - Poliovirus vaccine, inactivated (IPV)
 90714 - Tetanus and diphtheria toxoids (Td), preservative free, for individuals 7 years or older
 90715 - Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years old or older, for intramuscular use.
 90716 - Varicella virus vaccine, live
 90718 - Tetanus and diphtheria toxoids (Td), for individuals 7 years or older
 90723 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTap-HepB-IPV)
 90732 - Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for individuals 2 years or older
 90734 - Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
 90743 - Hepatitis B vaccine, adolescent (2 dose schedule)
 90744 - Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule)
 90748 - Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib)

NOTE: You may only bill for administration services if performed by, or under the direct supervision of, a reimbursable professional (i.e. physician, mid-level). All administration of VFC vaccines must be billed on a 1500 at no charge (\$.00) for the VFC supplied vaccine and the administration should have the appropriate modifier (SL) to be reimbursed for the federal mandated administration rate of \$14.13. (See fee schedule.)

<http://medicaidprovider.hhs.mt.gov/providerpages/providertype/27.shtml#feeschedule>

NOTE: Human Papillomavirus (HPV/Gardasil/90649) is provided by (VFC) for clients ages 9 through age 18. Montana Medicaid will reimburse for the administration from age 9 and also for the vaccine from ages 19 to 27.

NOTE: If a significant separately identifiable Evaluation and Management service (e.g., office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code (with the appropriate modifier) should be reported in addition to the vaccine and toxoid administration codes.

NOTE: There can only be one initial administration code (90465, 90467, 90471, 90473). For each additional administration, you need to use an add-on code (90466, 90468, 90472, 90474). Be sure to use the appropriate modifier (SL) with each VFC administration.

NOTE: For Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) only: VFC vaccines can be administered at RHCs and FQHCs. However, they are not billable visits because a core provider is not required to administer the vaccine. VFC costs are calculated into your all-inclusive prospective payment rate.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>